HYSTERIA. W. B. Young (Medical News, Dec. 12, 1903).

The author states that we must look to the unconscious impressions of infancy and children for the etiology of hysteria. (2) The disease primarily is purely a psychosis. (3) The pathology, he believes, will be located in the adrenal system. (4) The treatment for hysteria *per se* should be psychical. Suitable resorts should be erected for properly treating and caring for the afflicted among the poor. NOYES.

NERVE FIBER REGENERATION. J. N. Langley and H. K. Anderson (Jour. Physiol., Vol. 29, No. 1).

Under certain experimental precautions, Langley and Anderson found that in the sciatic and crural nerves, medullated fibers do not regenerate in the peripheral end of a cut nerve in 124 days. But medullated fibers may regenerate in the peripheral end without any connection being formed with the central stump; when such regeneration takes place the fibers degenerate on section of the nerves which run to the tissue surrounding the peripheral stump; i. e., the regeneration which occurs in apparent independence of the central nervous system is not really independent of it. When the peripheral ends of two sensory motor nerves are joined, no contraction occurs in the muscles supplied by one of them when the other nerve is stimulated, but when the muscular branch of the crural nerve is cut, and allowed an opportunity of growing both into its own peripheral end, and into the peripheral end of the internal saphenous nerve, stimulation of the saphenous nerve may cause a reflex contraction in the muscles supplied by the muscular branch of the crural; this is still obtained after section of the crural close to the vertebra, so that it is to be considered as an axon reflex occurring in branching fibers which have grown down from the central end. When the central ends of two nerves are joined together, it is not found that stimulation of one gives a reflex by impulses passing up the other to the central nervous system; i.e., apparently, union does not take place between the fibers, and neither nerve grows into the other. If a nerve is cut in a newly born animal, the nerve grows in length with the growth of the animal, although no union is formed between the peripheral and central ends. JELLIFFE.

ANTISYPHILITIC TREATMENT IN TABES. M. Faure (Journ. de Med. de Bordeaux, Aug. 16, 1903).

Amelioration or cure of tabes by mercurial treatment has not often been reported of late, says M. Faure. On the other hand, it is well known that 60 per cent. of tabetic cases show a tendency to spontaneous arrest or regression. Investigation shows that the symptoms for which improvement is claimed through mercurial treatment are pain—which is variable and transitory—and incoordination, which has apparently been improved by many other therapeutic measures. The author states that the figures shown by Belugu and Gros in 2,500 cases demonstrate that there is a lower percentage of improvements and cures among those who have received antisyphilitic treatment than among those who have received no treatment; and finally, the number in whom the disease is aggravated by antisyphilitic treatment is greater than the number of those improved by that treatment. However, since improvement is seen in a certain proportion of cases from the use of mercury, the author holds that its effect should be tested; but the remedy should be withdrawn if it appear to exert an unfavorable, instead of a favorable influence. JELLIFFE.

MUSCLE TONUS AND TENDON PHENOMENA. Joseph Fraenkel and Joseph Collins (Medical Record, Dec. 12, 1903).

The conclusions of the writers are as follows: (1) Disease of the posterior columns causes hypotonia and decrease of reflexes. When these conditions are present, the tendon phenomena are absent or diminished unless additional disease of the descending tracts counterbalance this influence. (Return of knee-jerks in tabes after hemiplegic attacks.) (2) That disease of the pyramidal tracts causes hypertonia and increase of reflexes. The tendon-jerks under such conditions are increased unless additional disease of the ascending tracts, anterior horns, or peripheral neurones neutralizes this influence. (3) Histological hyper- and hypotonia modify above-stated relations to a slight degree when the disease has not advanced to its full clinical representation. (4) We find in our lists a large group of more or less normotonic registration with approximately normal behavior of the tendon phenomena. (5) We find a smaller group of more or less marked hypotonic registrations. In this group the tendon phenomena are mostly demonstrated. This diminution is evidenced by the fact that the tendon-jerks are not easily elicited, that the muscular contraction is sluggish and vermicular, and is easily exhausted. This behavior of tendon phenomena is not influenced by reinforcement. NOYES.

VASOMOTOR RIGHT-HANDED AND LEFT-HANDEDNESS. E. Cavani (Arch. Ital. de Biol., June 10, 1903).

Whether this condition exists or not is answered in the affirmative by the author. In an examination of a large number of right-handed and left-handed individuals, he finds a vasomotor reaction more intense and more rapid on one side of the body than on the other. Generally the conditions more favorable to the vasomotor reaction are found on the side of the body more able to put forth the greater muscular effort. The difference in time between the reactions on both sides of the body may amount to one second. Very probably, the vasomotor asymmetry is to be ascribed to the greater permeability or conductivity of the nervous routes in the extremities which have been more freely exercised, without excluding the possibility of the influence of the varying degrees of sensorial excitability in the two halves of the body or the corresponding halves of the brain. JELLIFFE.

IDIOPATHIC CONTRACTURE. J. Vershubsky (Prakt. Vratch., 1903, No. 27).

The author describes the symptoms of a patient who had been suffering for three months with clonic, lightning-like convulsions that would occur 25 to 50 times per minute. They began by an abnormal movement of the right shoulder joint, whereby the scapula rotates somewhat around its horizontal axis, and the joint is slightly raised, while the head is turned back and the chin to the side. This was followed by a maximum pronation of the forearm and the close approximation of same to the trunk. The hand then dropped down to the sexual organs or continued its motions toward the left axillary region, and was then drawn forcibly (by the patient) backward and downward. This cycle of movements, which was extremely painful and rendered the patient very miserable, ceased only during the sufferer's sleep. Apart from great physical exertion Vershubsky failed to discover anything in the patient's past history that would give him a clue to the etiology of the condition. He was compelled to exclude, through the absence of the necessary factors, toxic influence, psychic states frequently characterized by localized convulsions, such as cortical epilepsy, and others; organic disease of the nervous system, as, for instance, tumor of the brain, was excluded by the absence of any other symptoms, etc. Of the functional nervous disorders, the affection did not resemble hysteria, epilepsy, chorea, paralysis agitans, or any of the tics. The only similar disease which could be supposed in this case would be paramyoclonus multiplex; but in this the muscular contractions do not embrace whole groups of muscles, and, moreover, the muscles affected are usually symmetrically disposed, which was not the case in the patient under observation. It thus remained for the author to designate the case as one of idiopathic contractions. As regards the